



CONGRESSMAN RAUL RUIZ, M.D.
CASEWORK AUTHORIZATION FORM

43875 Washington Street, Suite F
Palm Desert, CA 92211
(760) 424-8888

445 E. Florida Ave
Hemet, CA 92543
(951) 765-2304

In accordance with the Privacy Act of 1974, I hereby authorize Congressman Raul Ruiz, M.D. and his staff to gain access to my files in order to assist me with the issue described below. I understand that Congressman Ruiz's work is provided free as a public service and that no one may charge a fee to gain access to his office.

SIGNATURE

DATE

NAME: _____

ADDRESS: _____

E-MAIL: _____ PHONE NUMBER: () -

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DATES OF SERVICE: _____ BRANCH OF SERVICE: _____

FEDERAL AGENCY INVOLVED: _____

DO YOU WANT YOUR CASE DISCUSSED WITH ANYONE ELSE? IF SO, WHO? _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ISSUE. USE THE BACK, IF NECESSARY. PLEASE ATTACH A COPY OF YOUR PHOTO I.D. ALONG WITH COPIES OF ANY RELEVANT DOCUMENTS.

